PTO/SB/06 (08-00 Approved for use through 7/31/2006 OMB 9651-6032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE p a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD 0/047,599 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER ELLED NUMBER EXTRA FEE PASIC FEE .370 (37 CFR 1 16(a) OR . (37 CFR 1.16(c) OR × . INDEDENDENT CLARKE × 1/2 (37 CFR 1.16(b)) OR × \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 1600) 454 " If the difference in column 1 is less than zero, enter "0" in column 2. MTOT 00 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY ď REMAINING NUMBER PRESENT RATE ADD RATE EXTRA AFTER REVIOUS Y TIONAL TIONAL PAID FOR 13 CALCASE I TONG OR X I OR x s FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM. AT CER 1 1990 TOTAL ADD'L FEE ADD'L FEE HIGHES? ω REMAINING NUMBER RATE ADDL. EXTRA ż PREVIOUSLY TIONAL TIONAL WENDMEN PAID FOR FEE Minus Minus ΩR FIRST PRESENTATION OF MULTIPLE DEPENDENT GLAW 197 CFR 1 1998 1,4,7,8,10 ADD'L FEE ADD'L FFF O DEMAINING NUMBER RATE ADD RATE MENT AFTER PREVIOUSLY EVIDA TIONAL TIONAL AMENDME PAID FOR FEE FEE Total x s OR AMEND independent INF CPR 1 House x s OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. 437 CFR 1 1940. If the entry is column 1 is less than the entry in column 2, write "0" is column 3.
 If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20.
 If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

on the amount of time you require to complete this form and/or successions for reducing this burden, should be sent to the Chief Information Officer, U.S. Par and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandre, VA 22313-1459, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1459.

ADD'L FEE

OR